

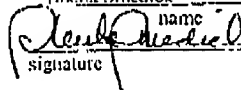
Appl. No. 09/894,317
Amtd. Dated 8/20/2004
Reply to Office Action of 5/20/2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**OFFICIAL**

APPLICANT: STEPHEN R. LAPIERRE ET AL.)
SERIAL NO.: 09/894,317) ART UNIT: 2645
FILED: JUNE 28, 2001)
FOR: SYSTEM AND METHOD FOR VOICEMAIL) EXAMINER: Escalante, O.
MESSAGE CERTIFICATION AND REPLY) CONFIRMATION NO.:
USING A TEMPORARY VOICEMAIL SERVICE) 7981

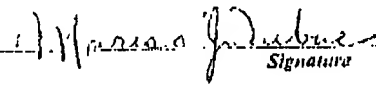
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Number (703) 872-9306 on August 20, 2004
Sheila Smedick

 name
signature date 8-20-04

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Applicants request entry of the following amendments and remarks contained herein in response to the Office Action mailed May 20, 2004. Applicants respectfully submit that the following amendments and remarks place the instant application in condition for allowance.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 01047 (BILL-0056)	
Applicant(s): STEPHEN R. LAPIERRE ET AL						
Application No. 09/894,317	Filing Date June 28, 2001	Examiner O. Escalante	Customer No. 36192	Group Art Unit 2645	Confirmation No. 7981	
Invention: SYSTEM AND METHOD FOR VOICEMAIL MESSAGE CERTIFICATION AND REPLY USING A TEMPORARY VOICEMAIL SERVICE						
COMMISSIONER FOR PATENTS:				RECEIVED CENTRAL FAX CENTER AUG 20 2004		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				OFFICIAL		
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	52 -	59 =	0	x \$18.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: August 20, 2004			
Marisa J. Dubuc Registration No. 46,673 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						